

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

09582637

2110011100 20, 1000 0 1 0 1 0 0 0 0 1													
		CLA	AIMS AS FILED - PA (Column 1)			ART I (Column 2)			MALL YPE	ENTITY	OR	OTHER SMALL	
FC	PR	_	NUMBE	R FILED	N	JMBER	EXTRA	R	ATE	FEE	1	RATE	FEE
ВА	SIC FEE			第4章次数	1 00					345.00	OR		9700
то	TAL CLAIMS		4			. 28			\$ 9=		OR	X\$18=	5040
INDEPENDENT CLAIMS 3 = 1 -							•	l x	39=	· .	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									130=		1	+260=	2/2/20
* If the difference in column 1 is less than zero, enter "0" in column 2									OTAL		OR	TOTAL	1724
CLAIMS AS AMENDED - PART II										1	1011	OTHER	THAN
		(Colu	<u>umn 1)</u>		(Colu	mn 2)	(Column 3)	SN	/ALL	ENTITY	OR	SMALL	
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•		Minus	**		=	×	\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	NITATIC	N OF M	Minus	***	T OL A'DA	=	×	39=		OR	X78=	
	FIRST PRESE	MIATIC	N OF M	JUIPLE DEF	ENDEN	1 CLAIM	<u> </u>	+1	30=		OR	+260=	
									TOTAL		י בו	TOTAL ADDIT. FEE	
		(Colt	umn 1)		(Colu	mn 2)	(Column 3)	· ADD	T. FEE		•	ADDII. FEEI	
AMENDMENT B		REM.	AIMS AINING TER IDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=.	X:	\$ 9 =		OR	X\$18=	
AME	Independent	*	N OF M	Minus	***	T 01 4414	= .	·X	39=		OR	X78=	
	FIRST PRESE	MIATIC	M OF MC	JUIPLE DEF	PENDEN	I CLAIM		+1	30=		OR	+260=	
-											OR	TOTAL ADDIT. FEE	·
		(Colu	ımn 1)		(Colu	mn 2)	(Column 3)	·	T. FEE		•	ADDII. I CEI	
IENT C		CL REMA	AIMS AINING TER DMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	** .		= .	X	9= -		OR	X\$18=	
	Independent	*		Minus	***		=		39=			X78=	
	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DEF	PENDEN	T CLAIM		 ^		<u>-</u> .	OR		
• 1	f the entry in colu	mn 1 is le	ess than th	e entry in colu	mn 2. writ	e "0" in co	iumn 3		30=		OR	+260=	
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
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PATENT APPLICATION PEÉ DETERMINATION RECORD

Application or Docket Number 09/582637

Effective December 29, 1999												_	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI	ENTITY	OR	OTHE	R THAN . ENTITY
F	OR		NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE
В	ASIC FEE							1. [·	345.00	OR	970	690,00
TOTAL CLAIMS 33 minus 20= * - 13								X\$ 9=		OR	X\$18=	234	
INDEPENDENT CLAIMS									X39=		OR	X78=	†
MULTIPLE DEPENDENT CLAIM PRESENT									400	†	7		
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=		OR	+260=	12011
CLAIMS AS AMENDED - PART II									TOTAL		OR	TOTAL	SOM
(Column 1) (Column 2) (Column 3)									OTHER TH SMALL ENTITY OR SMALL ENT				
AMENDMENT A		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. €	33	Minus	**	,3	=		X\$-9=		OR	X\$18=	
4ME	Independent	*	3	Minus	***		=		X39=		OR	X78=	
_	FIRST PRESE	ENTATIO	N OF MU	JLTIPLE DEI	PEND	ENT CLAIM			+130=		OR	+260=	
								L	TOTAL		ا _ ر	TOTAL	
		(Colu	ımn 1)		(C	olumn 2)	(Column 3)	Αľ	ODIT. FEE		」	ADDIT. FEE	<u> </u>
AMENDMENT B		REMA AF	AIMS AINING TER DMENT		l PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 30)	Minus	**	33	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	· /	N OE MI	Minus	***	ENTCLAIM			X39=		OR	X78=	
!	, morringe	IVIATIO	TV OI WIC	CHECE DEF	LIND	ENT CLARVI			+130=		OR	+260=	
								AD	TOTAL DIT. FEE		OR A	TOTAL.	
		(Colu				olumn 2)	(Column 3)						
AMENDIMENIC		CLA REMA AFT AMENO	INING .		N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2 2 2	Total	*		Minus	**		=		X\$ 9= ·		OR	X\$18=	
	Independent	*		Minus	***		= .		X39=		t	X78=	
	FIRST PRESE	NTATION	OF MU	LTIPLE DEP	ENDI	ENT CLAIM		-	-130=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260= TOTAL	
Total of the entry in column 1 is less than the entry in column 2, write "0" in column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													